



Edmund G. Brown Jr., Governor

VERIFICATION OF PRECHIROPRACTIC HOURS

NAME OF APPLICANT: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Pursuant to the Chiropractic Initiative Act section 5, each applicant for licensure must have satisfactorily completed 60 prechiropractic college credits **prior to matriculation** into the Doctor of Chiropractic program. These credits must be in accordance with the standards adopted by the Council on Chiropractic Education. Below provide the name(s) of colleges where the 60 prechiropractic units were completed.

LIST NAME(S) OF COLLEGES OR UNIVERSITIES ATTENDED (if additional space is needed attach a separate sheet)

1.	2.
3.	4.
5.	6.

Specific 48 Credits Required Within the 60 Units (list course title in the space provided below each course. Enter the college where the course was completed by using the number next to the college(s) or universities listed above. Indicate the number of credit.)

Course Title	Completed at College (enter number)	Semester Credit	Quarter Credit
English (6 credits)			
Psychology (3 credits)			
Social Sciences or Humanities (15 credits)			
Biological Sciences* (6 credits)			
Chemistry* General or Inorganic (6 credits)			
Chemistry* Organic (6 credits)			
Physics* with related studies (6 credits)			

*Must include pertinent laboratory experiences in didactic portions of the course(s).

Only the President, Dean or Registrar of the college may sign this form. I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct and complete to the best of my knowledge. (Place imprint of the Chiropractic School Seal anywhere within this area)

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
_____ CHIROPRACTIC COLLEGE	_____ CITY, STATE	_____ PHONE #

T (916) 263-5355
F (916) 263-5369
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

Board of Chiropractic Examiners
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